

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531543**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		2		1		
8		2		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		3		3		
15		3		3		
16		3		3		
17	1		1			
18	1		1			
19		2		2		
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TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	27	←	25	←		←
TOTAL CLAIMS	32		30			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						